

Technology Center 2600

1. ☒ A check in the amount of \$108.00 for:
- a. ☒ claims in excess of those previously paid for pursuant to 37 CFR 1.16(c)
- b. ☐ independent claims in excess of those previous paid for pursuant to 37 CFR 1.16(b)
- c. ☐ a _____ month extension of time request pursuant to 37 CFR 1.17(a)

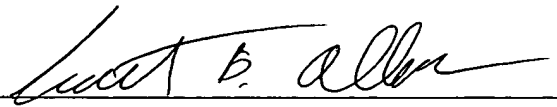
FEE CALCULATION

For	No. Pending	No. Previously Paid	No. Extra	Rate	Fee
Total Claims	28	- 22	6	\$ 18.00	108.00
Indep. Claims	3	- 3	0	\$ 80.00	\$0.00
Multiple Dependent Claims <i>(If applicable, please add \$260.00)</i>					\$0.00
OTHER FEE (specify purpose):					
TOTAL ADDITIONAL CLAIM FEE					\$108.00

- d. ☒ In addition, the Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below. A duplicate copy of this sheet is enclosed.
- i. ☒ Credit any overpayment.
- ii. ☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.
2. ☒ Amendment/Response
- a. ☐ After Final
3. ☒ Additional Enclosures: Amended Claims Showing Changes Relative to Previous Versions and Acknowledgement Postcard.

Respectfully submitted,

July 24, 2001
Date



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